

Case Number:	CM14-0112678		
Date Assigned:	08/01/2014	Date of Injury:	04/23/2002
Decision Date:	12/24/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female reportedly sustained a work related injury due to motor vehicle accident resulting in cervical, thoracic, lumbar and sacral spine injury on April 23, 2002. Diagnoses include decompressive lumbar laminectomy and fusion with pedicle screw placement and subsequent removal, left foot drop, chronic back and leg pain, gastrointestinal bypass, and carpal tunnel decompression. Qualified medical exam visit dated April 21, 2014 notes the injured worker underwent spinal fusion in December 2003 that resulted in what was described as "significantly worsened condition" that caused numbness, weakness, pain and drop foot of left lower extremity. She ambulates with a wheel chair and it is thought it may be the cause of injury resulting in carpal tunnel decompression of right wrist on December 02, 2011. The surgery did not help and the injured worker elected to not have surgery on left wrist. The injured worker's complaints are frequent slight to moderate pain in the neck with radicular pain in arms and bilateral wrist numbness. There is constant severe low back pain radiating to the legs. The injured worker frequently awakes due to numbness and cramping in her hands. Physical exam noted "tremendously abnormal" gait, extreme weakness in left leg and right leg shakes on stepping side to side. She is only able to ambulate if holding on to a support. She no longer wears a brace on left leg due to looseness related to weight loss. There is presence of lumbar spine surgical scars. Documentation provides for generally 50% decreased lumbar range of motion (ROM) and strength 4/5 in lower extremities. Review of undated previous x-ray and computed tomography (CT) confirmed laminectomy L4-L5 with pedicle screw fixation from L3 through S1, slight narrowing with early hypertrophic spur at L3 L4 and computed tomography (CT) revealed bulging disk L3 L4. Medications listed were valium 10mg, Morphine Sulfate 20mg, Cymbalta 60mg and Lyrica 150mg. She is permanently totally disabled. Further documentation dated June 20, 2014 provides the injured worker successfully underwent removal of pedicle

screw and rods without complications. On June 23, 2014 Utilization Review found noncertified a request, dated June 20, 2014, for Vascutherm cold compression unit with compression wrap and thoracolumbosacral orthosis (TLSO). Application for independent medical review is dated July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Vascutherm cold compression unit w/compression wrap- 30day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, "Prevention of venous thromboembolic disease in surgical patients". Accessed 20 December 2014, Authors: Menaka Pain and James D Douketis.

Decision rationale: The member had pre-existing mobility issues and did use a wheelchair with her recently increasing problems with weakness in the R leg in addition to her ongoing issues with foot drop and pain in the L leg. During her pre-operative examination it was noted that she was able to independently get up from the wheelchair and walk around the examination room despite her abnormal gait. The disputed device appears to be the VascuTherm2 from [REDACTED]. The MTUS is silent on this issue. This device has multiple functions to include compression for edema, localized thermal therapy to include heating and cooling (without the need for ice) as well as use in prophylaxis for DVT with use of the compression wrap. While this device offers multiple potential modalities of care it is not apparent that any of them are needed. The patient is not reported to have had a previous history of Venous ThromboEmbolic Disease (VTE). She is not reported as having a history of venous stasis or dependent edema. She is no longer obese after her bariatric surgery. She was not undergoing high risk for PE surgery of the hip or knee. Recommendations for the use of mechanical methods of thromboprophylaxis primarily reflect those surgical cases at high risk of bleeding and for whom pharmacologic interventions would be contra-indicated. Recommendations for the mechanical approach usually stress the use of intermittent pneumatic compression (IPC). As in many situations data supporting the use of mechanical interventions are limited. What there is suggests that the efficacy of IPC is superior. Optimal timing is to initiate care in the OR (operating room) or the recovery room with continued use and few interruptions. IPC use is to continue until discharge. This should be taken together with mandatory mobilization on day one. In none of the recommendations does use of IPC extend beyond the time of discharge. If post discharge prophylaxis is to be continued then the switch to pharmaceutical prophylaxis is preferred. Based on the available supporting documents the rental of this device is not supported. The request is not medically necessary.

TLSO (Thoracolumbosacral orthosis): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Recurrence of regional low back pain is not uncommon, regardless of whether or not the pain is work related. In fact, a prior history of low back pain or sciatica is a powerful predictor of a future episode. There had been no report of recent spinal surgery that could benefit from temporary stabilization. While there would be some potential utility in the immediate time period for fusion surgery at least to remind the patient of the need for heeding directed limitations on activity and ROM for the back in this case we have a stable fusion and have merely removed hardware. The requested device has not been found to be of any clinical utility, medical utility has not been shown and therefore its use cannot be supported. The request is not medically necessary.